| AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Borthwick et al. | | | | | | Docket No. PB60266USW | |
|--|------------------|--|--------|------------|-----|-----------------------|------------------|
| Application No. | Filing Date | Examiner | | Customer N | 10. | Group Art Unit | Confirmation No. |
| 10/561,259 | 4/28/06 | Golam M. Shamee | em | 23347 | | 1626 | 2447 |
| | RROLIDONE DERIVA | ATIVES AND USE THE | EREOF | AS FACTOR | X/ | A INHIBITORS | |
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| COMMISSIONER FOR PATENTS: | | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | | |
| | | CLAIMS AS AM | IENDE | <u></u> | , | | |
| | CLAIMS REMAINING | HIGHEST# | NUMB | ER EXTRA | | RATE | ADDITIONAL |
| | AFTER AMENDMENT | PREV. PAID FOR | CLAIMS | S PRESENT | | | FEE |
| TOTAL CLAIMS | 8 - | 20 = | | 0 | x | \$50.00 | \$0.00 |
| INDEP. CLAIMS | 1 - | 3 = | | 0 | х | \$210.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) | | | | | | | \$0.00 |
| | | TOTAL ADDITIONAL F | FEE FC | R THIS AM | ENE | OMENT | \$0.00 |
| No additional fee is required for amendment. □ Please charge Deposit Account No. in the amount of □ A check in the amount of to cover the filing fee is enclosed. ☑ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-1392 ☑ Any additional filing fees required under 37 C.F.R. 1.16. ☑ Any patent application processing fees under 37 CFR 1.17. □ Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | |
| R. Steve Thomas, Reg. No. 52,284 Attorney for Applicants GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398 Telephone: (919) 483-8406 Facsimile: (919) 483-7988 Dated: 3/12/2008 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date) | | | | | | | |
| | | Signature of Person Mailing Correspondence | | | | | |

CC:

Typed or Printed Name of Person Mailing Correspondence